

**DISCLOSURE BY NON-ELECTED STATE EMPLOYEE OF FINANCIAL INTEREST
AND DETERMINATION BY APPOINTING AUTHORITY
AS REQUIRED BY G. L. c. 268A, § 6**

RECEIVED
STATE ETHICS COMMISSION

STATE EMPLOYEE INFORMATION	
Name:	Ronald G. Benham
Title or Position:	Director, Bureau of Family Health and Nutrition
State Agency:	Massachusetts Department of Public Health
Agency Address:	250 Washington St. Boston, MA 02108
Office Phone:	617-624-5901
Office E-mail:	Ron.Benham@state.ma.us
	My duties require me to participate in a particular matter, and I may not participate because of a financial interest that I am disclosing here. I request a determination from my appointing authority about how I should proceed.
PARTICULAR MATTER	
Particular matter E.g., a judicial or other proceeding, application, submission, request for a ruling or other determination, contract, claim, controversy, charge, accusation, arrest, decision, determination, or finding.	Please describe the particular matter. My wife, Elaine O'Reilly, lobbies for the Massachusetts Hospice Federation. As a Bureau we do not contract with them directly but with some of their member agencies to operate the Pediatric Palliative Care program. As the program has progressed over the past five to six years fewer hospice agencies are interested in providing these and services. Program staff and I have sought a meeting with the Federation Director and the Head of their Board of Directors to discuss future directions for the program. Topics discussed at that meeting for which I filed a Section 6 disclosure included the level of interest at the Federation to encourage their member organizations to contract with DPH, whether they would support or oppose other entities (home health agencies) from becoming pediatric palliative care providers and movement of the system to a unit based reimbursement model. Due to my wife's involvement/participation in any on-going conversations with the Federation leadership I am aware the it constitutes an appearance and potential conflict of interest for myself. I have spoken with counsel from the Ethics Commission who suggested I bring this request to my appointing authority for review and signature if it is deemed I can be fair and impartial and further to submit a signed copy to the Ethics Commission in which case I would be allowed to participation.
Your required participation in the particular matter:	Please describe the task you are required to perform with respect to the particular matter. I believe I need to participate in these meeting as I have the historical perspective on the

E.g., approval, disapproval, decision, recommendation, rendering advice, investigation, other.	program and feel I can participate in a fair and impartial manner. Further, I would require other staff to lead any discussion and reserve my role for providing background information
Write an X by all that apply.	FINANCIAL INTEREST IN THE PARTICULAR MATTER ☐ I have a financial interest in the matter. ☒ My immediate family member has a financial interest in the matter. ☐ My business partner has a financial interest in the matter. ☐ I am an officer, director, trustee, partner or employee of a business organization, and the business organization has a financial interest in the matter. ☐ I am negotiating or have made an arrangement concerning future employment with a person or organization, and the person or organization has a financial interest in the matter.
Financial interest in the matter	Please explain the financial interest and include a dollar amount if you know it. My wife, Elaine O'Reilly, lobbies for the Massachusetts Hospice Federation. There is no specific mention in her contact with the Federation of funding to support Pediatric Palliative Care advocacy. Her work with the Federation entails activities for all age groups and specific focus on hospice activities.
Employee signature:	<i>Ronald Berk</i>
Date:	4/16/13

DETERMINATION BY APPOINTING OFFICIAL

	APPOINTING AUTHORITY INFORMATION
Name of Appointing Authority:	Lauren Smith
Title or Position:	Interim Commission
Agency/Department:	Dept of Public Health
Agency Address:	250 Washington St Boston, MA 02108
Office Phone:	617-624-5200
Office E-mail	lauren.smith@state.ma.us
	DETERMINATION

Determination by appointing authority: Write an X by your selection.	As appointing official, as required by G.L. c. 268A, § 6, I have reviewed the particular matter and the financial interest identified above by a state employee. ☐ I am assigning the particular matter to another employee, or ☐ I am assuming responsibility for the particular matter, or ☒ I have determined that the financial interest is not so substantial as to be deemed likely to affect the integrity of the services which the Commonwealth may expect from the employee.
Appointing Authority signature:	<i>James A. Smith</i>
Date:	<i>April 12, 2013</i>
Comment:	

Attach additional pages if necessary.

File copy with:

State Ethics Commission, One Ashburton Place, Room 619, Boston, MA 02108